

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO/

10/592965

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		0		1		
7		0		1		
8		0		1		
9	1	1	1			
10		1		1		
11		2		1		
12		1		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
20		0		1		
21		0		1		
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23		0		1		
24		0		1		
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26		0		1		
27		0		1		
28		0		1		
29		0		1		
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36		0		1		
37		0		1		
38		0		1		
39		0		1		
40		0		1		
41		0		1		
42		0		1		
43		0		1		
44		0		1		
45		0		1		
46	1	1		1		
47		1		1		
48		0		1		
49		0	1			
50		0		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		0	1			
53		0	1			
54	1		X			
55	1					
56	1					
57	1					
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97						
98						
99						
100						
TOTAL IND.	1	↓	5	↓		↓
TOTAL DEP.	55	←	48	←		←
TOTAL CLAIMS	62		53			